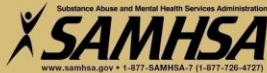


Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



Population Health Management

SAMHSA PBHCI National Grantee Meeting
June 4- 7, 2017 • Austin, TX



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).



IMPLEMENTING A MEDICAL DASHBOARD: A
POPULATION APPROACH TO CARE MANAGEMENT

The Challenge

How to systematically deal with providing care management to 2,000 individuals with serious mental and physical health conditions

Living in 11 different counties in NJ

Within a decentralized organizational structure



Bridgeway's Road to Integration

- High need population – increasing mortality and aging
- Adding wellness nurses to all expansions
- Developing wellness committee
- Health literacy training & wellness activities
- Awarded SAMHSA grant in 2013 – started to think about population health



Current Overview of Integration

Integrated
Primary
Care-on site

Wellness
and Health
Promotion

Population
Health

Care
Management



Importance of Population Health Approach

Most health care is delivered as a direct response to an individual's needs when they seek care

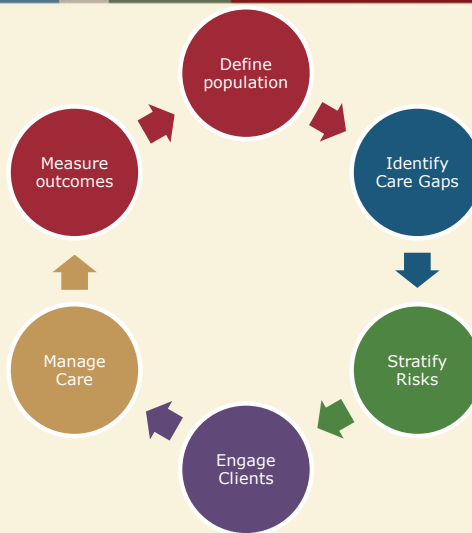


Population Health

Population health assesses, tracks, and manages the health of an entire group, and not just when they seek care



How Does Population Health Work?



Example of Bridgeway's Approach to Population Health

<https://cloud.idashboards.com/idashboards/>



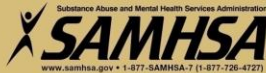
How Did It Work?

- Technical issues – uploading data from HER
- Varying degrees of use by team nurses
- More efficient and timely information for team – “It makes my job easier”
- Identified more care gaps and provided more focus on high risk individuals
- Highlights “cultural” differences between primary care and mental health staff



Lessons Learned

- I. What to do with the information if you don't have primary care?
- II. Get team leaders involved
- III. Like any new project, get timely feedback from users
- IV. Make part of program goals and evaluation
- V. Get whole team involved – not just nurses (role of psychiatrists and APN)
- VI. Make it even easier to view dashboard and make sure data is up-to-date
- VII. Update data at regular intervals and give staff feedback on improvements in client health status
- VIII. Build into existing organizational processes and structures – i.e. QI, risk management, board meetings



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The Integrated Health Dataset: Population Management Using SPSS

**SAMHSA PBHCI Program
2017 National Grantee Meeting**

**Catherine M. Lemieux, PhD, MSW, ACSW
Cohort IV Evaluator: Capital Area Human Services District**

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Workshop Objectives

At the conclusion of this workshop, participants will:

- Articulate at least three benefits and three drawbacks of developing and maintaining an integrated SPSS dataset
- Have the knowledge and ability to develop a database in SPSS that can accommodate longitudinal NOMs and clinical registry information
- Demonstrate understanding of how integrated health reports can be used to improve PBHCI practices by addressing health disparities and issues around sustainability



Why bother going to all the trouble of setting up a separate database in SPSS for PBHCI data?



Disadvantages of Maintaining a Separate Database

- Time consuming
- Requires vigilance
- Lapse between data collection and data entry
- Inevitable delays in generating detailed reports



Advantages of Maintaining a Separate Database

- Access and control
- Flexibility
- Ability to examine intersectionality (disparities)
- Multivariate approaches in absence of RCT
- Contribute to knowledge base in underdeveloped area



Collaborative Strategies to Support Data Collection

- “Cheat sheets” to enhance reliability
- Visibility as a team member
- Willingness to regularly update and modify forms
- Incorporating feedback



The Integrated Health Dataset

Simple, but meaningful evaluation questions can be answered with an integrated dataset:

“What proportion of participants moved out of risk on key health indicators from baseline to reassessment?”

“Is there a difference in self-assessed overall health between men and women at baseline?”

“Are there differences in key health and psychosocial characteristics between African-American and White clients at baseline?”



Integrated Dataset: Use of Findings

Findings can be used to:

- Inform beneficial changes in program practices and policies
- Highlight key issues around health disparities
- Objectively address issues around sustainability





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